

STATE OF _____

COUNTY OF _____

CERTIFICATE OF AUTHORIZED REVIEWING REPRESENTATIVE

BEFORE ME, the undersigned authority, duly Commissioned and qualified in and for the State and County aforesaid, personally came and appeared _____
_____ (insert name), who, being by me first duly sworn, deposed and said as follows:

I certify my understanding that the Confidential Protected Materials are provided to me pursuant to the terms and restrictions of the Protective Order in South Carolina Public Service Commission Docket No. 2003-343-C, that I have been given a copy of and have read the Protective Order, and that I agree to be bound by it. I understand that the contents of “Confidential Information”, and any notes, memoranda, or any other form of information regarding or derived from Confidential Information shall not be disclosed to anyone other than in accordance with the Protective Order and shall be used only for the purposes of the proceedings in Docket No. 2003-343-C.

Signature: _____

Date of Execution: _____
(Type or Print below)

Name: _____

Title: _____

Company: _____

Address: _____

Requesting Party: _____

SWORN TO AND SUBSCRIBED BEFORE ME

this ____ day of _____, 200__.

Notary Public for South Carolina (SEAL)

My Commission expires: _____